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PART He-C 6344 CERTIFICATION PAYMENT STANDARDS FOR COMMUNITY-BASED BEHAVIORAL HEALTH SERVICE PROVIDERS

Statutory Authority: RSA 170-G:4 XVIII, RSA 170-G:5

Readopt with amendment He-C 6344, effective 11-5-08 (Document 9311), to read as follows:

He-C 6344.01 Purpose. The purpose of this part is to identify the qualifications and performance requirements to become a provider of community-~~-~~based behavioral health services for the division for children, youth and families (DCYF) ~~and the division for juvenile justice services (DJJS)~~ and describe the array of behavioral health services related to improving child and family functioning regarding situations involving abuse, neglect, delinquency, and Children in Need of Services (CHINS).

He-C 6344.02 Scope. This part shall apply to community-~~-~~based behavioral health service providers for DCYF ~~and DJJS~~ who receive financial reimbursement from the department of health and human services (DHHS) for services provided to children and families.

He-C 6344.03 Definitions.

(a) "Applicant" means the entity that is requesting certification for payment as a behavioral health service provider.

(b) "~~Bureau~~ Division of behavioral health (~~BBH~~DBH)" means the organizational unit of the department health and human services established pursuant to RSA 135-C:6.

(c) "Case plan" means the division for children, youth and families ~~or the division for juvenile justice services~~ written document, pursuant to RSA 170-G:4, III, that describes the service plan for the child and family, and addresses outcomes, tasks, responsible parties, and timeframes for correcting problems that led to abuse, neglect, delinquency, or child in need of services (CHINS).

(d) "Certification for payment" means the process by which DCYF approves the qualifications of and payment to providers of community-~~-~~based behavioral health services.

(e) "Child ~~or~~, minor" means an individual from birth through age 20, except as otherwise stated in a specific provision.

(f) "Child in need of services (CHINS)" means "child in need of services" as defined by RSA 169-D:2.

(g) "Child protective service worker (CPSW)" means an employee of the division for children, youth and families who has expertise in managing cases to ensure families and children achieve safety, permanency and well-being.

(h) "Cognitive Behavioral Therapy (CBT)" is a psychotherapy based on modifying everyday thoughts and behaviors, ~~wit h~~with the aim of positively influencing emotions. The cognitive model of managing emotional responses encourages the development of specific goals that are measurable and quantifiable.

(i) "Commissioner" means the commissioner of the department of health and human services or his or her designee.

(j) "Community mental health program (CMHP)" means a program operated by the state, city, town, or county, or a community-based New Hampshire nonprofit corporation for the purpose of planning, establishing, and administering an array of community-based, mental health services pursuant to He-M 403 and as defined in RSA 135-C:2, IV.

(k) "Community-based behavioral health services" means behavioral health services certified by DCYF pursuant to RSA 170-G:4 XVIII.

(l) "Conflict of interest" means a situation, circumstance, or financial interest, which has the potential to cause a private interest to interfere with the proper exercise of a public duty.

(m) "Crisis intervention services" means short term in or out of home services designed to stabilize children and families in emergent situations.

(n) "Department (DHHS)" means the department of health and human services.

(o) "Diagnostic Evaluation" means psychological testing or psychosocial assessment to determine the nature and cause of a child or family's dysfunction including mental status, child development, family history, and recommendations for treatment.

(~~o~~p) "Director" means the director of the division for children, youth, and families or designee.

(~~p~~q) "Division for children, youth, and families (DCYF)" means the organizational unit of the department of health and human services that provides services to children and youth referred by courts pursuant to RSA 169-B, RSA 169-C, RSA 169-D, RSA 170-B, RSA 170-C and RSA 463.

(r) "Educationally identified child" means "child with a disability" as defined in RSA 186-C:2 namely, "any person 3 years of age or older but less than 21 years of age who has been identified and evaluated by a school district according to rules adopted by the state board of education and determined to have an intellectual disability, a hearing impairment including deafness, a speech or language impairment, a visual impairment including blindness, an emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, acquired brain injury, another health impairment, a specific learning disability, deaf-blindness, multiple disabilities, or a child at least 3 years of age but less than 10 years of age, experiencing developmental delays, who because of such impairment, needs special education or special education and related services. The term "child with a disability" shall include a child ages 18 to 21, who was identified as a child with a disability and received services in accordance with an individualized education program but who left school prior to his or her incarceration, or was identified as a child with a disability but did not have an individualized education program in his or her last educational institution."

~~(q) "Division for juvenile justice services (DJJS)" means the organizational unit of the department of health and human services that provides supervision and services to children and youth referred by courts or the juvenile parole board pursuant to RSA 169-B, RSA 169-D and RSA 170-H.~~

(s) "Evidence-informed practice" means the process of treatment, which takes into account client preferences and values, practitioner expertise, best scientific evidence and clinical characteristics and circumstance.

(~~s~~t) "Family therapy" means ~~evidence-informed~~evidence-informed treatment involving family members and a therapist when treatment is focused on ameliorating conditions that impair family functioning.

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(~~v~~u) "Group outpatient counseling" means the use of evidenced-informed psychotherapeutic or counseling techniques in the treatment of a group, most of whom are not related by blood, marriage, or legal guardianship in a community setting.

(~~w~~v) "Individual outpatient therapy" means the use of evidenced-informed psychotherapeutic or counseling techniques in the treatment of an individual on a one-to-one basis in a community setting.

(~~t~~w) "Juvenile probation and parole officer (JPPO)" means an employee of ~~DJJS~~ DCYF who discharges the powers and duties established by RSA 170-G: 16, and supervises paroled delinquents pursuant to RSA 170-H.

~~(u) "Liaison committee on medical education (LCME)" means the nationally recognized accrediting authority for medical education programs leading to the M.D. degree in the United States and Canadian medical schools.~~

(~~v~~x) "Licensed alcohol and drug counselor (LADC)" means a person licensed by the state of New Hampshire Board Of Licensing For Alcohol And Other Drug Use Professionals according to RSA 330-C to practice substance use counseling as a LADC.~~to serve as an alcohol and drug counselor~~.

(~~w~~y) "Licensed practitioner" means a psychiatrist, advanced registered nurse practitioner, psychiatric nurse, psychologist, pastoral psychotherapist, independent clinical social worker, clinical mental health counselor, substance ~~ab~~use counselor, or marriage and family therapist holding a state license to practice in their respective field.

(z) "Managed care organization" or "MCO" means an organization, contracted with the Department, that combines the functions of health insurance, delivery of care, and administration.

(aa) "Master licensed alcohol and drug counselor" (MLDAC) means a person licensed by the state of New Hampshire Board Of Licensing For Alcohol And Other Drug Use Professionals according to RSA 330-C to practice substance use counseling as a MLDAC.

(~~x~~ab) "NH bridges" means the automated case management, information, tracking, and reimbursement system used by DCYF ~~and DJJS~~.

(~~y~~ac) "NH mental health authority" means the ~~office of community~~bureau of mental health services administration, under the division of behavioral health within DHHS.

(~~z~~ad) "Outcome" means the intended result or consequence that will occur from carrying out a program or activity.

(~~aa~~ae) "Prescribing practitioner" means a provider licensed by the New Hampshire board of mental health practice, board of nursing, ~~or the~~ board of medicine, or the board of phycologists that provides services identified in 42 CFR 440:130 to reduce a physical or mental disability and aid in the restoration of a recipient to their best functional level.

(~~ab~~af) "Private provider" means an individual behavioral health practitioner who is a sole practitioner or who is employed by an agency, excluding CMHP's and provides services to a child or family and receives financial reimbursement from DHHS.

(~~ac~~ag) "Program" means the community mental health program ~~and medical school, department of psychiatry~~.

(~~ad~~ah) "Provider" means the individual, agency or program that serves a child or family and receives financial reimbursement from DHHS.

(~~ae~~ai) "Progress report" means the written document, submitted on a regular basis to DCYF ~~or DJJS~~ by the behavioral health provider, which includes a summary of contacts and data documenting outcomes of the child and family specific treatment goals, dates of service, awareness of the permanency goal and congruence with case plan.

(~~af~~aj) "Psychotherapy" means face-to-face clinical intervention or assessment and monitoring necessary to determine the course and progress of therapy for individuals or families that:

(1) Is based on evidence-informed psychological treatment principles;

(2) Has as its purpose the improvement of interpersonal and self-care skills, psychological understanding, or a change in behavior(s) or any combination of these;

(3) Is provided by a professional qualified pursuant to He-M 426.08(h)-(l);

(4) Is monitored through the clinical record; and

(5) Is based on an individual service plan.

(~~ag~~ak) "Quality assurance" means the process that DCYF ~~and DJJS~~ use to monitor the quality and effectiveness of community-based behavioral health services.

(~~ah~~al) "Re-approval" means the ~~bureau~~ division of behavioral health's process of conducting a comprehensive quality assurance and compliance evaluation for all community mental health programs that generates a re-approval report.

(~~ai~~am) "Service authorization" means the form provided by DCYF ~~or DJJS~~ indicating the division's responsibility for payment of community-based services for non-medicaid eligible children.

(an) "Trauma-informed service system" means a system in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers; by infusing and sustaining trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies while acting in collaboration with all those who are involved with the child, using the best available science, to facilitate and support the recovery and resiliency of the child and family.

(~~aj~~ao) "Treatment plan" means the written, time-limited, goal-oriented, evidence-~~-~~informed plan for the child and family developed by the provider and DCYF ~~or DJJS~~, which is in agreement with the case plan.

He-C 6344.04 Categories and Descriptions of Community-Based Behavioral Health Services:

(a) Behavioral health providers shall include:

(1) Private providers of behavioral health services; and

(2) CMHP~~; and~~

~~(3) Medical school providers;.~~

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(b) All behavioral health services shall include clinical assessments, diagnostic evaluations, and ~~evaluations and~~ treatments which derive from attachment and trauma theory and which are evidence-informed practices. ~~and rely primarily on experiential interventions to alleviate or cure the symptoms or related functional impairments experienced by a child and his or her family.~~

~~(c) All behavioral health providers shall provide services which include diagnostic evaluations and assessments which derive from attachment and trauma theory and which are evidence informed practice and rely primarily on experiential interventions to alleviate or cure the symptoms or related functional impairments experienced by a child and his or her family.~~

(~~d~~c) The evaluator shall determine the ~~nature and cause of~~ a child and family's level of ~~dysfunction~~ functioning and recommend the appropriate clinical interventions.

(~~e~~d) Diagnostic evaluations and assessments shall include: ~~but are not limited to the following:~~

(1) Mental status exam;

(2) Current developmental status;

(3) Impact of trauma on current level of functioning;

(4) Identifying strengths and risk factors;

(5) Assessment of capacity for healthy attachment;

(6) ~~If approved by DCYF or DJJS, a~~Any appropriate standardized psychological or neuropsychological tests; and

(7) A detailed report submitted to the CPSW or JPPO.

(~~f~~e) Therapeutic intervention services shall include:

(1) Individual intervention based on evidence-informed ~~practice~~ treatments. ~~models of trauma and attachment disorder treatment and substance abuse treatment;~~

(2) Family intervention based on evidence-informed ~~practice~~ treatment models of family therapy; or

(3) Group interventions based on evidence-informed treatment interventions involving 2 to 10 individuals and a therapist when the focus of the group is ameliorating conditions that impair ~~life~~ functioning; especially as a result of trauma and attachment issues or exposure to family or domestic violence.

(~~g~~f) Certification of providers shall be determined by reviewing the documentation provided in He-C 6344.~~08~~ 07 through He-C 6344.10 and a review of training and experience in the following services:

(1) Diagnostic evaluations which shall include:

a. Behavioral consultation;

b. Child psychiatry evaluation;

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c. Competency evaluation;

d. Developmental evaluation;

e. Domestic or family violence evaluation;

f. Dual diagnosis of:

1. Mental health and substance ~~abuse~~use; or

2. ~~Mental~~ Behavioral health and developmental ~~disability~~challenges;

g. Fire-setting evaluation;

h. Neuropsychiatry evaluation;

i. Neuropsychological evaluation;

j. Psychological evaluation;

k. Psycho-sexual risk evaluation;

l. Sexual abuse victim or perpetrator evaluation; and

m. Forensic evaluation;

(2) Family ~~counseling, which includes:~~

~~a. Intact family counseling;~~

~~b. Sibling counseling;~~

~~c. Blended family counseling;~~

~~d. Divorce and/or custody issues;~~

~~e. Parent and co-parent counseling;~~

~~f. Adoption counseling; and~~

~~g. Crisis intervention services;~~therapy;

(3) Group outpatient~~;~~ ~~counseling~~therapy ~~which includes:~~

~~a. Adventure therapy;~~

~~b. Anger management;~~

~~c. Batterers treatment;~~

~~d. Dialectical behavioral therapy;~~

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~~e. Domestic violence survivors;~~

~~f. Gay, lesbian, bi-sexual, transgender issues;~~

~~g. Grief counseling;~~

~~h. Sexual abuse victims;~~

~~i. Sexual offenders treatment;~~

~~j. Attachment and trauma treatment; and~~

~~k. Crisis intervention services~~; and

(4) Individual outpatient ~~counseling, which includes;~~

~~a. Art therapy;~~

~~b. Attachment and trauma treatment;~~

~~c. Behavioral interventions;~~

~~d. Biofeedback;~~

~~e. Expressive therapy;~~

~~f. Eye movement desensitization reprocessing;~~

~~g. Grief therapy;~~

~~h. Play therapy;~~

~~i. Brief solution focused therapy;~~

~~j. Dyadic developmental psychotherapy;~~

~~k. Cognitive behavioral trauma treatment;~~

~~l. Substance abuse treatment; and~~

~~m. Crisis intervention services~~ therapy.

(~~h~~g) Comprehensive assessments or evaluations for substance ~~abuse~~ use disorders and treatment shall include:

~~(1) History of alcohol and drug use;~~

~~(2) Physical health, mental health and addiction treatment histories;~~

~~(3) Family Issues;~~

~~(4) School and/or work history;~~

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~~(5) Legal History;~~

~~(6) Psychological, emotional and world-view concerns;~~

~~(7) Current status on physical health, mental health and substance use;~~

~~(8) Spiritual concerns;~~

~~(9) Educational and basic life skills;~~

~~(10) Socioeconomic characteristics, lifestyle and current legal status;~~

~~(11) Use of community resources;~~

~~(12) Treatment readiness;~~

~~(13) Level of cognitive and behavioral functioning; and~~

~~(14) Treatment recommendations.~~

~~(i) Treatment for substance use disorders shall include:~~

(1) Individual interventions based on evidence-~~-~~informed ~~practice~~ treatment models of age-appropriate treatment for ~~substance~~ substance use disorders;

(2) Family interventions based on evidence-~~—~~informed ~~practice~~ models of family interventions for substance use disorders;

(3) Group interventions based on evidence-~~-~~informed ~~treatment~~ interventions involving 2 or more individuals and a therapist when the focus of the group is treating substance use disorders ~~and/~~or enhancing recovery; and

(4) Crisis intervention services.

He-C 6344.05 Compliance Requirements for Private Providers.

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(a) Private providers shall comply with:

(1) All applicable licensing and registration requirements prior to applying for certification;

(2) The medical assistance requirements of He-W 500 and He-M 426;

(3) The statutes regarding confidentiality, including RSA 169-B:35, RSA 169-C:25, RSA 169-D:25, RSA 170-B:19, RSA 170-C:14, and RSA 170-G:8-a; and

(4) The child abuse and neglect reporting requirements of RSA 169-C:29-30.

(b) All providers, prior to beginning their work with children, and thereafter on an annual basis, shall review the sections of RSA 169 on definitions, immunity from liability and persons required to report.

(c) Private providers shall not have a conflict of interest, as defined in He-C 6344.03.

(d) Private providers shall maintain professional and general liability insurance.

~~(e) Whenever transportation services are provided, private providers shall obtain from each driver:~~

~~(1) A copy of his or her driver's license and automobile liability insurance coverage;~~

~~(2) A copy of his or her motor vehicle record verifying no convictions for impaired driving or multiple vehicle violations;~~

~~(3) A criminal records check verifying no convictions for crimes against persons; and~~

~~(4) A copy of the registration and inspection for the vehicles used to transport children.~~

(~~f~~e) When domestic or family violence is identified as an issue for a family, each private provider shall follow the "Mental Health Domestic Violence Protocols," 1996, prepared by the NH governor's commission on domestic violence and available via the internet at http://doj.nh.gov/criminal/victim-assistance/protocols.htm, ~~http://doj.nh.gov/victim/docs/dvmental.pdf~~ or from the NH department of justice.

(~~g~~f) The provider shall provide services or care without discrimination as required by 42 U.S.C 2000d et seq., as amended, and without discrimination on the basis of handicap as required by 29 U.S.C 794, as amended.

(~~h~~g) Private providers shall:

(1) Be an enrolled NH medicaid provider;

(2) Accept medicaid payment as payment in full; ~~and~~

(3) Submit their medicaid number to DCYF~~.~~; and

(4) Participate with one or more of the NH managed care organizations (MCO).

(~~i~~h) The requirement in (h)(1) above shall be waived if the provider holds only a LADC license.

(~~j~~i) Private providers shall verify recipient eligibility for and bill all third party sources of reimbursement, including private health insurance, and ~~medicaid~~medicaid, or MCO, prior to billing DCYF.

(~~k~~j) Private providers shall request prior authorization for services in advance for recipients covered by third party insurance.

(~~l~~k) Private providers shall request prior authorization for psychotherapy services for medicaid or MCO ~~medicaid~~ eligible recipients requiring more than 12 visits per fiscal year as outlined in He-W 530.

(m) Private providers shall submit a monthly progress report to CPSW or JPPO.

He-C 6344.06 Compliance Requirements for CMHP.

(a) CMHP providers shall comply with:

(1) All applicable licensing and registration requirements prior to applying for certification;

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(2) The medical assistance requirements of He-W 500 and He-M 426;

(3) The statutes regarding confidentiality, including RSA 169-B:35, RSA 169-C:25, RSA 169-D:25, RSA 170-B:19, RSA 170-C:14, and RSA 170-G:8-a;

(4) The child abuse and neglect reporting requirements of RSA 169-C:29-30; and

(5) DCYF~~/DJJS~~ requirement for a master's degree and 2 years post graduate experience to be assigned to all cases.

(b) For all employees and volunteers who have access to children, prior to beginning their work with children, and thereafter on an annual basis, the provider shall review the sections of RSA 169 on definitions, immunity from liability and persons required to report.

(c) The CMHP and their employees shall not have a conflict of interest, as defined in He-C 6344.03.

(d) CMHP shall maintain professional and general liability insurance.

~~(e) Whenever transportation services are provided, the CMHP shall obtain from each provider:~~

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~~(1) A copy of his or her driver's license and automobile liability insurance coverage;~~

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~~(2) A copy of his or her motor vehicle record verifying no convictions for impaired driving or multiple vehicle violations;~~

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~~(3) A criminal records check verifying no convictions for crimes against persons; and~~

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~~(4) A copy of the registration and inspection for the vehicles used to transport children.~~

(~~f~~e) When domestic violence is identified as an issue for a family, each agency shall follow the "Mental Health Domestic Violence Protocols," 1996, as prepared by the NH governor's commission on domestic violence and available via the Internet at http://doj.nh.gov/criminal/victim-assistance/protocols.htm ~~http://doj.nh.gov/victim/docs/dvmental.pdf~~ or from the NH department of justice.

(~~g~~f) The provider shall provide services or care without discrimination as required by 42 U.S.C 2000d, et. seq, as amended, and without discrimination on the basis of handicap as required by 29 U.S.C 794, as amended.

(~~h~~g) The CMHP shall:

(1) Be an enrolled NH ~~medicaid~~ medicaid and MCO provider that ~~and~~ meets the following requirements:

a. A prescribing practitioner shall demonstrate approval of the medicaid-covered services by signing the child and family's treatment plan;

b. ~~M~~medicaid-covered services shall be authorized for children ~~and youth~~ who are:

1. ~~M~~medicaid eligible, either as categorically or medically needy; and

2. Under the age of 21 years;

(2) Private providers shall verify recipient eligibility for and bill all third party sources of reimbursement, including private health insurance and medicaid or MCO, prior to billing DCYF.

(3) Accept medicaid payment as payment in full for services provided; and

(~~3~~4) Have a current contract with the ~~BBH~~ DBH and shall not be an individual provider.

(~~i~~h) All CMHP shall comply with the service provisions outlined in He-M 425 and He-M 426.

(~~j~~i) Each CMHP shall submit a quarterly progress reports for each client to the CPSW or JPPO.

~~He-C 6344.07 Compliance Requirements for Medical Schools.~~

~~(a) The medical school provider shall comply with:~~

~~(1) The medical assistance requirements of He-W 500 and He-M 426;~~

~~(2) The statutes regarding confidentiality, including RSA 169-B:35, RSA 169-C:25, RSA 169-D:25, RSA 170-B:19, RSA 170-C:14, and RSA 170-G:8-a; and~~

~~(3) The child abuse and neglect reporting requirements of RSA 169-C:29-30.~~

~~(b) For all employees and volunteers who have access to children, prior to beginning their work with children, and thereafter on an annual basis, the provider shall review the sections of RSA 169 on definitions, immunity from liability and persons required to report.~~

~~(c) The medical school and its employees shall not have a conflict of interest, as defined in He-C 6344.03.~~

~~(d) The provider shall maintain professional and general liability insurance.~~

~~(e) When domestic violence is identified as an issue for a family, each agency shall follow the "Mental Health-Domestic Violence Protocols," 1996, prepared by the NH governor's commission on domestic violence and available via the Internet at http://doj.nh.gov/victim/docs/dvmental.pdf or from the NH department of justice.~~

~~(f) The provider shall provide services or care without discrimination as required by 42 U.S.C 2000d, et seq., as amended, and without discrimination on the basis of handicap as required by 42 U.S.C 794, as amended.~~

~~(g) The provider shall:~~

~~(1) Be an enrolled NH Medicaid provider and meet the following requirements;~~

~~a. A prescribing practitioner shall demonstrate approval of the Medicaid-covered services by signing the child and family's treatment plan;~~

~~b. Medicaid-covered services shall be authorized for children and youth who are;~~

~~1. Medicaid eligible, either as categorically or medically needy; and~~

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~~2. Under the age of 21 years;~~

~~(2) Accept medicaid payment as payment in full; and~~

~~(3) Be a medical school that is accredited through the LCME.~~

~~(h) Each medical school provider shall submit a progress report to the CPSW or JPPO for each client after each visit.~~

He-C 6344.~~08~~ ~~07~~ Application Process For Payment Standards For Private Providers of Community-Based Behavioral Health Services.

(a) Applicants who seek initial certification for payment standards for community-based behavioral health services shall only be referred by a DCYF ~~or DJJS~~ district office supervisor or designee.

(b) If the request is approved, DCYF shall forward an application packet to the applicant, which includes:

(1) A~~n~~ Form 2617 "Application For Certification And Enrollment Of Private Behavioral Health Service Providers" (October 2016);

(2) "State of New Hampshire Alternate W-9 Form"; and

(3) A copy of He-C 6344.

(c) Each applicant shall submit a completed, signed and dated Form 2617 "Application For Certification And Enrollment Of Private Behavioral Health Service Providers"(October 2016); ~~provide the following information with their application for certification of private behavioral health service providers~~

(1) The applicant shall submit a completed signed and dated "Statement of Affirmation" as part of Form 2617 "Application For Certification And Enrollment Of Private Behavioral Health Service Providers"(October 2016) that states the following:

"I have reviewed Administrative Rule He-C 6344 and will adhere to the rules as an enrolled provider. I understand that DCYF has the right to verify information contained in this application";

"I will notify DCYF in writing within ten business days of any change to the information contained in this application";

"I understand and agree that any individual whom provides services or agency that I subcontract with will have a current and valid license for the service being provided"; and

"The information contained in this application is correct to the best of my knowledge".

(2) The applicant shall provide the following information with, or in addition to Form 2617 "Application For Certification And Enrollment Of Private Behavioral Health Service Providers"(October 2016) in (1) above;

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~~(1)~~a. A copy of the applicant's state ~~board of mental health~~ license to practice or operate ~~indicating the date of license expiration and/or their LADC license and date of expiration~~;

b. ~~(2)~~ A completed, signed and dated "State of New Hampshire Alternate W-9 Form";

c. A resume or curriculum vitae; and

~~(3)~~d. A sample of a treatment plan.

(3) In addition to (1) and (2) above, the applicant shall sign and date the attestation in Part E of Form 2617 "Application For Certification And Enrollment Of Private Behavioral Health Service Providers"(October 2016) that states:

"I declare that all the information contained above is true, correct and complete to the best of my knowledge and belief. I acknowledge that the provision of false information in the application is a basis for denial of the application".

~~(2) A statement indicating whether the applicant has ever:~~

~~a. Had their membership on any hospital, medical, or allied health provider staff revoked;~~

~~b. Had their provider status with any group or health maintenance organization revoked;~~

~~c. Had clinical privileges revoked;~~

~~d. Had academic appointment terminated;~~

~~e. Had their professional or general liability insurance canceled for disciplinary purposes;~~

~~f. Been convicted of a felony or any crime against a person and if so, the name of the court, the details of the offense, the date of conviction and the sentence imposed;~~

~~g. Been subject to disciplinary action by a licensing body or professional society, been found civilly liable for professional misconduct, or found to have committed an ethical violation by a state or national professional association or any other state's regulatory board, and if so, the name of the licensing body or professional society, the reasons, dates, and results; and~~

~~h. Or is currently listed in any child abuse and neglect state registry as having abused or neglected a child/youth or adult, and if so, the dates and reasons.~~

~~(d) In addition to (c) above, applicants shall provide the following information:~~

~~(1) A resume or curriculum vitae, which includes the degrees; date earned and training history; and~~

~~(2) A processed criminal records check to provide proof that the applicant has no convictions for crimes against persons; and~~

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~~(3) A sample of a treatment plan;~~.

~~(e) The applicant shall sign and date the application.~~

~~(f) The completed application and all documentation described in (c) and (d) above shall be returned to DCYF within 30 days of receipt.~~

~~(g) The applicant's signature shall constitute an affirmation and acceptance of the terms below:~~

~~(1) The applicant has read and understands He-C 6344; and~~

~~(2) The information contained in the application is true and correct to the best of the applicant's knowledge.~~

He-C 6344.~~09~~ 08 Application Process For Payment Standards For CMHP Providers.

(a) CMHP's shall be contracted for services through the ~~BBH~~DBH.

(b) CMHP's shall provide a copy of a "State of New Hampshire Alternate W-9 Form" to the DCYF certification specialist within 30 days of receipt.
~~complete an application and provide the following information:~~

~~(1) A copy of their contract with the BBH; and~~

~~(2) An alternate W-9;~~

~~(c) The completed application and all documentation described in (b) above shall be returned to the DCYF certification specialist within 30 days of receipt.~~

~~He-C 6344.10 Application Process For Payment Standards For Medical School. The medical school department of psychiatry program shall:~~

~~(a) Be a LCME accredited medical school.~~

~~(b) Complete an application and return the following forms to the DCYF certification specialist within 30 days of receipt:~~

~~(1) Alternate W-9; and~~

~~(1)~~ ~~(2) Proof of accreditation through the LCME.~~

He-C 6344.~~11~~ 09 Review of Continued Certification Compliance for Private Providers.(a)

(a) Private providers shall submit a completed, signed and dated Form 2617R "Certification Renewal - Private Behavioral Health Providers" (October 2016) ~~a review form~~, as provided by DCYF, within 30 days of receipt.

(1) The applicant shall submit a completed signed and dated "Statement of Affirmation" as part of Form 2617R "Certification Renewal - Private Behavioral Health Providers" (October 2016) that states the following:

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"I have reviewed Administrative Rule He-C 6344 and will adhere to the rules as an enrolled provider. I understand that DCYF has the right to verify information contained in this application";

"I will notify DCYF in writing within ten business days of any change to the information contained in this application";

"I understand and agree that any individual whom provides services or agency that I subcontract with will have a current and valid license for the service being provided"; and

"The information contained in this application is correct to the best of my knowledge."

(2) The applicant shall provide the following information with, or in addition to Form 2617R "Certification Renewal - Private Behavioral Health Providers" (October 2016) in (1) above:

a. License to practice or operate; and

b. "State of New Hampshire Alternate W-9 Form".

(3) In addition to (1) and (2) above, the applicant will sign and date the attestation in Part C of Form 2617R "Certification Renewal - Private Behavioral Health Providers" (October 2016) that states:

"I declare that all the information contained above is true, correct and complete to the best of my knowledge and belief. I acknowledge that the provision of false information in the application is a basis for denial of the application."

(b) Private providers who fail to submit a Form 2617R "Certification Renewal - Private Behavioral Health Providers" (October 2016) ~~a review form~~ within 30 days of receipt shall have their certification revoked in accordance with He-C 6344.~~28~~23 and be denied payment.

(c) Continuance of certification shall be based on a review and verification of the provider's compliance with He-C 6344.

(d) Private provider applicants shall submit a copy of the documentation required by the appropriate state licensing board or boards to DCYF at the time of license renewal to DCYF.

(e) Private provider applicants shall submit a copy of their renewed license to DCYF.

~~(f) Private providers shall submit to DCYF proof that they have obtained a criminal records check to verify that they have no convictions for crimes against persons.~~

(~~g~~f) Review of continued certification shall coincide with the date of expiration of the private provider's applicable state licensing board(s). ~~of mental health license or LADC license.~~

(~~h~~g) In the event of dual licensing the date of the earliest license expiration will be used.

He-C 6344.~~12~~10 Review of Continued Certification Compliance for CMHP Providers.

~~(a)~~ Renewals for CMHP providers shall occur every 5 years and coincide with the date of the re-approval report completed by the ~~BBH~~DBH.

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~~(b) CMHP's shall submit a copy of the current re-approval report written by the BBH and an updated alternate W-9.~~

~~He-C 6344.13 Review of Continued Certification Compliance for Medical School Department of Psychiatry Program Providers.~~

~~(a) Renewals for a medical school department of psychiatry provider shall coincide with the accreditation of the medical school by the LCME.~~

~~(b) The private medical school shall submit a copy of their academic accreditation and an alternate W-9.~~

He-C 6344.~~14~~ 11 Notification of Changes for Private Providers.

~~(a)~~ The private provider shall:

(a) ~~(1)~~ Notify DCYF in writing within 10 business days of any change in the information contained in the application and changes to the items required by He-C 6344.07 (c)(1) - (3) above, and provide documentation of the change: and

(b) ~~(2)~~ Submit a copy of the renewed license, at the time of expiration of mandatory state licenses to DCYF within 10 days of receipt from the licensing authority.

He-C 6344.~~15~~ 12 Notification of Changes for CMHP Providers. All providers shall comply with the requirements of He-M 403 with regard to any changes.

~~He-C 6344.16 Notification of Changes for Medical School. The medical school shall notify the DCYF within 10 days of any changes to the information submitted.~~

He-C 6344.~~17~~ 13 Billing Requirements for Community-Based Behavioral Health Services.

(a) All providers of community-based behavioral health services shall:

(1) Be certified prior to the start of service delivery;

(2) Not exceed the rates established by DCYF~~/DJJS~~ nor shall the rates exceed those charged by the provider for non-DCYF~~/DJJS~~ children and families;

(3) Not bill DCYF~~/DJJS~~ for services that are to be reimbursed by any other entity including third party insurance or medicaid; and

(4) Accept payments made by DCYF~~/DJJS~~ as payments in full for the services it provides.

(b) DCYF~~/DJJS~~ shall determine the need for services and the determination shall be binding on the provider.

(c) The provider shall notify DCYF of any changes in tax information and complete and submit to DCYF a signed "State of New Hampshire ~~a~~Alternate W-9 F~~f~~orm" with current tax information.

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(e) The provider shall provide services or care without discrimination as required by 42 U.S.C 2000d et. seq., as amended, and without discrimination on the basis of handicap as required by 29 U.S.C 794, as amended.

(~~g~~f) The provider's certification terminates upon date of sale or transfer of ownership or close of the provider agency.

He-C 6344.~~18~~ 14 Billing Process for Community-Based Behavioral Health Services.

(a) All providers shall bill all third party sources of reimbursement, including private health insurance and medicaid and medicaid MCO~~medicaid~~, prior to billing DCYF.

(b) All providers shall bill the NH medicaid fiscal agent or medicaid MCO for medicaid eligible recipients ~~either via paper claims or electronic claims submission,~~ following the ~~directions~~ processes outlined by the NH medicaid fiscal agent., ~~as follows:~~

~~(1) For a paper claim submission, a provider shall complete a CMS 1500 form and mail it to the NH medicaid fiscal agent; or~~

~~(2) For electronic claim submission, a provider shall submit an electronic claim to the NH medicaid fiscal agent.~~

(c) The provider shall obtain a service authorization form for services not billable medicaid, medicaid MCO ~~to medicaid~~ or private insurance prior to service delivery.

(d) A provider shall bill the ~~department~~ DCYF through NH Bridges for non-medicaid eligible recipients either via paper claims or electronic claims submission.

(e) For paper claim submissions, a provider shall copy the service authorization form for future billings, if the authorized service dates span a date range.

~~(f) For electronic claim submissions, a provider shall:~~

~~(1) Complete a provider web billing request form and have received a logon and password; and~~

~~(2) Select the recipient(s) and timeframe(s) for which they wish to submit claims from their list of approved service authorizations.~~

He-C 6344.~~19~~ 15 Billing Period.

(a) A provider shall bill within one year of the date of provision of a service.

(b) Bills received after one year from the date of service shall be denied pursuant to RSA 126-A:3.

He-C 6344.~~20~~ 16 Billing Discrepancies. Questions regarding billing discrepancies billed via NH Bridges shall be directed to the provider relations' staff of the bureau of administrative operations in DCYF. All other questions shall be directed to either medicaid or the private insurance company.

He-C 6344.~~21~~ 17 Record-Keeping and Record Retention.

(a) Records shall be retained for a period of no less than 7 years after the completion date of a provided service for each bill submitted to the department, the medicaid fiscal agent or a private insurance company.

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(b) The provider shall keep records as are necessary to comply with RSA 170-E: 42, when applicable, and to comply with DCYF~~/DJJS~~ record-keeping requirements~~.~~ in He-C 6344.

(c) Records shall clearly document the extent of the care and services provided to children and families, including attendance records when those services are charged to the department, and information regarding any payment claimed.

He-C 6344.~~22~~ 18 Monitoring and Quality Assurance Activities for Private Behavioral Health Providers.

(a) Private providers shall participate in quality assurance activities conducted by DCYF ~~and DJJS~~ using a variety of activities that may include a combination of record reviews, performance data measurements and visits to the provider.

(b) Private providers shall allow ~~an on-site visit by~~ DCYF ~~or DJJS~~, to conduct quality assurance reviews which may include:
~~which may or may not be scheduled, for the purposes of:~~

(1) Interviewing the private provider;

(2) Interviewing children and families served;

(3) Reviewing provider documents, to include:

a. The evidence~~-~~informed ~~practice~~ treatment modalities used;

b. The treatment outcomes achieved and the length of time in treatment; and

c. The providers treatment plan to assure that it agrees with the DCYF~~/DJJS~~ case plan; and

(4) Examining case records to determine continued compliance with He-C 6344.

(c) Private providers shall ensure that clinical records, including all progress reports, are available for inspection and review by DCYF. ~~and DJJS staff during any on-site quality assurance or monitoring visit.~~

(d) Private providers shall be monitored and evaluated by DCYF ~~or DJJS~~ through a variety of activities ~~that~~ including:

(1) Monthly queries of data that is stored on NH Bridges case management system and the medicaid management information system;

(2) Reviews of case record information; and

(3) Satisfaction surveys from stakeholders, such as families, CPSW and JPPOs.

(e) Private providers shall be notified of any problems that are noted on the DCYF~~/DJJS~~ staff surveys that include:

(1) Negative responses concerning quality and timeliness of service provision; and

(2) Written comments about private provider performance.

He-C 6344.23 Monitoring and Quality Assurance Activities for CMHP Providers.

(a) CHMP's shall submit a copy of their current re-approval report as written by the BBH.

(b) The provider shall participate in quality assurance activities conducted by DCYF and DJJS using a variety of activities that shall include a combination of record reviews, performance data measurements and visits to the provider.

He-C 6344.24 Monitoring and Quality Assurance Activities for Medical School.

(a) The medical school department of psychiatry shall submit a copy of their accreditation through the LCME.

(b) The provider shall participate in quality assurance activities conducted by DCYF and DJJS using a variety of activities that shall include a combination of record reviews, performance data measurements and visits to the provider.

He-C 6344.25 19 Service Limitations.

(a) Medicaid recipients shall be subject to the service limits described in He-W 530.

(b) Nnon-medicaid recipients shall be limited to 12 visits per year.

(c) Requests to extend the service limit for non-medicaid recipients shall be made in writing 30 days prior to the expiration of benefits.

(d) Written request made pursuant to (c) above shall be submitted to the CPSW and JPPO and include the following:

(1) Provider name, address, telephone number, and medicaid provider number;

(2) Recipient name, address, telephone number;

(3) The type of service being requested;

(4) Initial assessment to include:

a. Recipient's diagnoses;

b. Recipient's presenting symptoms;

c. Involvement of the recipient with other service and/or care providers;

d. For children with learning disabilities, a copy of the individualized education plan, if requested and available; and

e. Recipient's degree of risk of danger to self or others;

(5) A copy of the treatment plan;

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~~(6) The duration of the requested extension;~~

~~(7) If the service is clinically appropriate for the diagnosis and the intervention utilizes evidenced informed practice or evidenced based treatment modalities; and~~

~~(8) Identification of:~~

~~a. The progress and measurable outcomes of treatment to date;~~

~~b. The prognosis including the likelihood of achieving anticipated outcomes in the future; and~~

~~c. The need for and availability of other services.~~

~~(e) Extensions shall be time-limited and based on the needs of the recipient.~~

He-C 6344.~~26~~ 20 Treatment Planning and Progress Reports.

(a) The ~~provider shall write a~~ treatment plan for each child or family receiving ~~their~~ services shall include ~~with~~ input from the individuals described in (b) below.

(b) The following individuals shall be included on the treatment team:

(1) The child, if age and developmentally appropriate;

(2) The child's parents;

(3) The CPSW or JPPO, or both;

(4) The prescribing practitioner;

(5) School district personnel ~~as determined by the school districts if applicable~~; and

(6) Unless otherwise ordered by the court, ~~O~~other persons ~~significant to~~as requested by the child and family, including:

a. Teachers;

b. Counselors;

c. Friends;

d. Relatives; and

e. Advocates assigned by the court.

(c) The initial clinical treatment plan shall be written within 30 days of intake approval for extension and reviewed quarterly thereafter and shall include:

(1) The findings of the provider's assessment;

(2) An estimate by the treatment team members of the length of service to be provided to the child and family, based upon referral information and the provider's assessment;

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(3) The child's permanency plan, as identified by the CPSW or JPPO:

(4) A concurrent plan as an alternative to the child's permanent plan as identified by the CPSW or JPPO; and

(5) The goals and objectives for the child and family ~~that~~ shall address ~~fall within~~ one or more of the following domains identified in the plan ~~domains~~:

a. Safety and behavior ~~of the child~~;

b. Emotional ~~well being~~well-being;

c. Interpersonal relationships;

d. Family ~~and~~ community connections;

e. Physical health;

f. Mental health;

g. Education; and

h. Independent living skills training, if applicable.

(d) Each ~~domain~~ domain identified in (c)(5) above shall address:

(1) The specific goals and objectives to be achieved by the child and family;

(2) The timeframes for completion of goals and objectives;

(3) An identification of the behavioral health services to be provided ~~that will be provided~~ directly to the child and family; the frequency and duration of services;~~, the duration of each intervention,~~ and any measures for ensuring their integration with the child's activities, including identifying how the child's family, relative family or foster family will participate in their treatment; and

(4) An identification of the ~~staff~~ person responsible for implementing the stated interventions in the treatment plan.

(e) For cases in which reunification is the identified permanency goal, the treatment plan shall include:

(1) A community reintegration and transition plan ~~that identifies~~identifying the ~~needed~~ behavioral health supports ~~that would enable~~for the child to return to his or her community; and

(2) The ~~facilitation of the~~ transfer of behavioral health services to the appropriate certified providers in the child's community of origin, if necessary.

(f) The ~~private~~ provider's treatment plan shall be signed and dated by the provider and the following team members, indicating they participated in the process:

(1) The CPSW, JPPO, or both;

(2) The prescribing practitioner~~, when applicable for medicaid funding~~;

(3) The child, when age and developmentally appropriate; and

(4) The child's parent(s) or guardian.

~~(g) For program providers the treatment plan shall be signed and dated by the following team members, indicating they participated in the process:~~

~~(1) The provider's executive director or treatment coordinator;~~

~~(2) The CPSW, JPPO, or both;~~

~~(3) The licensed practitioner;~~

~~(4) The prescribing practitioner; when applicable for medicaid funding;~~

~~(5) The child, when age and developmentally appropriate; and~~

~~(6) The child's parent(s) or guardian.~~

(g)~~(h)~~ ~~Revisions to the t~~Treatment plan ~~shall~~revisions shall be explained in writing to all team members. ~~any individuals of the team who are unable to participate.~~

(h)~~(i)~~ The treatment plan and any revisions shall be filed in the child's DCYF case file ~~record~~ and copies sent to:

(1) The CPSW, JPPO, or both;

(2) The child's parent(s) or guardian; ~~and~~

(3) The prescribing practitioner; and

(4) Foster or placement provider, if participating.

(~~j~~i) Once the treatment plan is completed, the ~~agency staff~~~~private~~ provider shall receive supervision by the prescribing practitioner. . ~~and instruction by the program supervisors and consultants, if any, to assure that each child's treatment plan is consistently implemented.~~

(~~k~~j) Each provider shall provide ~~progress~~ reports to DCYF, as follows: ~~in accordance with (l) below~~.

(~~l~~1) Progress reports every month; ~~shall include the following:~~

(~~1~~2) Any reports required by the ~~Specific~~ court ~~reports, which shall be sent to the court with a copy to the CPSW or JPPO no later than 5 days before the scheduled court date,~~ pursuant to RSA 169-B:5-a, RSA 169-C:-12-b and 169-D:4-a; and

(~~2~~3) Service termination reports, which shall be sent the CPSW or JPPO no later than 10 days following termination.

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(m) The progress reports shall clearly and accurately reflect the child and family's progress regarding ~~include~~ measurable treatment plan goals ~~with~~ and objectives~~outcomes documented in measurable quantities~~.

~~(n) Written progress reports, court reports, and termination reports prepared by the agency shall clearly and accurately reflect the family's progress and be submitted on time pursuant to RSA 169-B:5-a, RSA 169-C:12-b and RSA 169-D:4-a.~~

He-C 6344.21 Service Limitations Extensions.

(a) Medicaid recipients shall be subject to the service limits described in He-W 530.

(b) Non-medicaid recipients shall be limited to 12 visits per year.

(c) The provider's requests to extend the service limit shall be made in writing 30 days prior to the expiration of benefits.

(d) Written request made pursuant to (a), (b), and (c) above shall be submitted to the CPSW and JPPO and include the following:

(1) Provider name, address, telephone number, and medicaid provider number;

(2) Recipient name, address, telephone number;

(3) The type of service being requested;

(4) Initial assessment ~~to include~~as described in He-C 6344.20 (c);~~:~~

(5) A copy of the providers treatment plan as described in He-C 6344.20 (c);

(6) Identification of:

a. The progress and measurable outcomes of treatment to date;

b. The prognosis including the likelihood of achieving anticipated outcomes in the future; and

c. The need for any availability of other services; and

(7) The duration of the requested extension.

(e) Extensions shall be time-limited and based on the needs of the child and family.

He-C 6344.~~27~~ 22 Waivers.

(a) Applicants or providers who request a waiver of a requirement in He-C 6344 shall submit a written request to the commissioner or his or her designee that includes the following information:

(1) The anticipated length of time the requested waiver will be needed;

(2) The reason for requesting the waiver;

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(3) Assurance that if the waiver is granted the quality of service and care to children~~, youth~~ and families will not be affected;

(4) A written plan to achieve compliance with the rule or explaining how the provider will satisfy the intent of the rule, if the waiver is granted; and

(5) How the service will be affected if the waiver is not granted.~~;~~

~~(6) Evidence that the agency's board of directors has approved the waiver request, such as, minutes of the board meeting documenting that the request was approved or a signature of the board's president or chairman; and~~

~~(7) A statement that the rule for which a waiver is being requested is not related to compliance with the life safety code or environmental health and safety issues, unless approved in writing by the fire inspector, local health officer, or public health services.~~

(b) A waiver shall be granted if:

(1) The department concludes that authorizing deviation from compliance with the rule from which waiver is sought does not contradict the intent of the rule; and

(2) The alternative proposed ensures that the object or intent of the rule will be accomplished.

(c) When a waiver is approved, the applicant's or providers subsequent compliance with the alternative approved in the waiver shall be considered equivalent to complying with the rule from which waiver was sought.

He-C 6344.~~28~~ 23 Denial of Application and Revocation of Private Provider Certification.

(a) An application shall be denied or certification revoked if:

(1) DCYF ~~or DJJS~~ determines that the state does not have a need for the service;

(2) The applicant or provider, or the individual acting on the applicant's or provider's behalf, submits materially false information to DCYF~~ or DJJS~~;

(3) There has been a conviction for a felony or any crime against a person that has not been annulled or overturned;

(4) There has been disciplinary action taken by a licensing body or professional society, a finding of civil liability made for professional misconduct, or a finding of an ethical violation made by a state or national professional association or any other state's regulatory board;

(5) There has been revocation of membership on any hospital, medical, or allied health provider staff;

(6) There has been revocation of provider status with any group or health maintenance organization;

(7) There has been revocation of clinical privileges;

(8) There has been termination of academic appointment by an institution;

(9) There has been cancellation of professional or general liability insurance by the insurance company;

(10) There has been abusive or neglectful treatment of a child as determined by any state statute;

(11) There has been a failure to submit a review form within 30 days; or

(12) There has been failure to comply with He-C 6344.

He-C 6344.~~29~~ 24 Denial of Application and Revocation of a CMHP Provider Certification. An application shall be denied or certification revoked if:

(a) There has been failure to comply with He-C 6344.

(b) There has been failure to comply with He-M 426.

(c) There has been termination of the contract with the ~~BBH~~DBH.

~~He-C 6344.30 Denial of Application and Revocation of a Medical School Program Provider Certification. An application shall be denied or certification revoked if:~~

~~(a) DCYF or DJJS determines that the state does not have a need for the service.~~

~~(b) The applicant or provider, or the individual acting on the applicant's or provider's behalf, submits materially false information to DCYF or DJJS.~~

~~(c) There has been a loss of accreditation.~~

~~(d) There has been failure to comply with He-C 6344.~~

He-C 6344.~~31~~ 25 Notification of Denial or Revocation.

(a) If DCYF denies an application for certification or revokes an existing certification, DCYF shall send notice of the denial or revocation to the applicant or provider by certified mail.

(b) The notice shall:

(1) Inform the applicant or provider of the facts or conduct upon which DCYF bases its action;

(2) Advise the applicant or provider of their right to request reconsideration of DYCF's decision pursuant to He-C 6344.~~32~~26; and

(3) ~~In the case of an existing certification, i~~Inform an existing ~~the~~ provider that the revocation shall not take effect until the provider has had an opportunity through an appeal, pursuant to RSA 170-G:4-a and He-C 6344.~~33~~27, to show compliance with all lawful requirements for retention of the certification.

He-C 6344.~~32~~ 26 Request for Certification Reconsideration.

(a) A request for certification reconsideration shall:

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(1) Be filed within 30 days of the date of receipt of the letter sent by DCYF;

(2) Be submitted in writing; and

(3) Be filed with the director of DCYF.

(b) The DCYF director shall uphold or overturn the request pursuant to He-C 6344.~~08~~07.

(c) The applicant or provider shall be notified of the decision, in writing by the director.

(d) The applicant or provider may appeal the DCYF director's decision pursuant to He-C 6344.~~33~~27.

He-C 6344.~~33 –~~27 Appeals.

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(a) Applicants or providers who wish to appeal DCYF's decision to deny an application or revoke a certification shall file an appeal pursuant to RSA 170-G:4-a with the commissioner.

(b) The appeal shall:

(1) Be made in writing;

(2) Be signed and dated;

(3) State the reasons for the appeal pursuant to RSA 170-G:4-a; and

(4) Be filed within 14 working days of the date of receipt of written notification pursuant to RSA 170-G:4-a.

(c) The appeal shall be heard pursuant to RSA 170-G:4-a and He-C 200 by the commissioner or designee and 2 members of the DCYF advisory board.

APPENDIX

Rule	RSA or Statute Implemented By Rule
He-C 6344.01	RSA 170-G:4, XVIII; RSA 170-G:5
He-C 6344.02	RSA 170-G:4, XVIII; RSA 170-G:5
He-C 6344.03	RSA 170-G:4, XVIII; RSA 170-G:5
He-C 6344.04	RSA 170-G:4, XVIII; RSA 170-G:5
He-C 6344.05	RSA 170-G:4, XVIII; RSA 170-G:5; RSA 330-A
He-C 6344.06	RSA 170-G:4, XVIII; RSA 170-G:5; RSA 135-C:10
He-C 6344.07	RSA 170-G:4, XVIII; RSA 170-G:5; RSA 330-A:10, XII
He-C 6344.08	RSA 170-G:4, XVIII; RSA 170-G:5; RSA 135-C:7
He-C 6344.09	RSA 170-G:4, XVIII; RSA 170-G:5

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He-C 6344.10	RSA 170-G:4, XVIII; RSA 170-G:5
He-C 6344.11	RSA 170-G:4, XVIII; RSA 170-G:5
He-C 6344.12	RSA 170-G:4, XVIII; RSA 170-G:5
He-C 6344.13	RSA 170-G:4, XVIII; RSA 170-G:5
He-C 6344.14	RSA 170-G:4, XVIII; RSA 170-G:5
He-C 6344.15	RSA 170-G:4, XVIII; RSA 170-G:5; RSA 126-A:3, II
He-C 6344.16	RSA 170-G:4, XVIII; RSA 170-G:5
He-C 6344.17	RSA 170-G:4, XVIII; RSA 170-G:5
He-C 6344.18	RSA 170-G:4, XVIII; RSA 170-G:5
He-C 6344.19	RSA 170-G:4, XVIII; RSA 170-G:5
He-C 6344.20	RSA 170-G:4, XVIII; RSA 170-G:5
He-C 6344.21	RSA 170-G:4, XVIII; RSA 170-G:5
He-C 6344.22	RSA 170-G:4, XVIII; RSA 170-G:5
He-C 6344.23	RSA 170-G:4, XVIII; RSA 170-G:5; and RSA 330-A:23
He-C 6344.24	RSA 170-G:4, XVIII; RSA 170-G:5
He-C 6344.25	RSA 170-G:4, XVIII; RSA 170-G:5; RSA 330-A:10, VI-X
He-C 6344.26	RSA 170-G:4, XVIII; RSA 170-G:5
He-C 6344.27	RSA 170-G:4, XVIII; RSA 170-G:5 RSA 170-G:4-a. I